



HARVEY HOMEBUYER ASSISTANCE PROGRAM

INTAKE APPLICATION

THIS SECTION IS FOR OFFICE USE ONLY

Date/Time
Application Received:

Applicant ID #:

Application
Received By:

Notes:

THIS SECTION(S) TO BE COMPLETED BY APPLICANT/CO-APPLICANT

APPLICATION ID #:

1. APPLICANT INFORMATION The applicant is the Head of Household, for the purpose of this application.

First Name:	Middle Name:	Last Name:
Current Address: (Where Applicant Resides)	Street Address	City State Zip Code
Mailing Address: (If different from Current Address)	Street Address	City State Zip Code
Home Phone:	Daytime Phone:	Cell Phone:
Email Address:	Date of Birth:	
Marital Status:	Married	Single Divorced Widow

2. CO-APPLICANT INFORMATION (If Applicable)

DOES NOT APPLY

List other members of the household who hold as much responsibility for the property as the Applicant. This person is often referred to as the co-owner of the property.

First Name:	Middle Name:	Last Name:
Current Address: (Where Co-Applicant Resides)	Street Address	City State Zip Code
Mailing Address: (If different from Current Address)	Street Address	City State Zip Code
Home Phone:	Daytime Phone:	Cell Phone:
Email Address:	Date of Birth:	
Relationship to Applicant:	Spouse	Parent Child Other

3. COMMUNICATION DESIGNEE OR ALTERNATIVE CONTACT(S) (If Applicable)

DOES NOT APPLY

If you assign a Communication Designee or Alternative Contact(s), complete HbAP Communication Designee Form for each designee/alternative contact.

First Name:	Middle Name:	Last Name:
Current Address:	Street Address	City State Zip Code
Home Phone:	Daytime Phone:	Cell Phone:
Email Address:		
Relationship to Applicant:	Spouse	Parent Child Other





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4. HEAD OF HOUSEHOLD DEMOGRAPHIC INFORMATION FOR HUD REPORTING (check only one)

Race of Head of Household:

American Indian or Alaskan Native
Asian
Asian and White
Black or African American
Black/African American and White

Native Hawaiian or other Pacific Islander
American Indian/Alaska Native and White
American Indian/Alaska Native and Black
White
Other

Ethnicity of Head of Household:

Hispanic/Latino – A person of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or Origin, regardless of race.

Non-Hispanic/Latino – A person not of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or Origin, regardless of race.

5. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List all household members including the applicant(s) and provide the requested information. "Household" is defined as all persons living in the same dwelling unit, regardless of relationship or age.

Household Member Name	Relationship to Head of Household	Date of Birth (mm/dd/yyyy)	Marital Status	Gender	Disabled? (Y/N)	Veteran? (Y/N)

In the next twelve (12) months, are you expecting an increase or decrease in income?

Increase

Decrease

No Change

In the next twelve (12) months, are you expecting an increase or decrease in household members?

Yes

No

Unknown

If YES, please explain:





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6. GENERAL INFORMATION

Are you a first-time homebuyer?	Yes	No		
Have you owned a home within the last three years?	Yes	No		
Are any household members over 18 responsible for child support payments?	Yes	No		
If YES (you are responsible for child support payments), is the responsible party current on payments for child support?	Yes	No	NA	
If NO, is the responsible party on an approved payment plan for child support?	Yes	No	NA	
Did you own a home that was damaged or demolished as a result of Hurricane Harvey?	Yes	No		
IF THE ANSWER IS NO, MARK DOES NOT APPLY AND PROCEED TO SECTION 7.	Does Not Apply			
Damaged Property Address: Damaged by Hurricane Harvey	Street Address	City	State	Zip Code
Is the Damaged Property Address above where you receive mail?	Yes	No		
Current Mailing Address: If different from Damaged Address	Street Address	City	State	Zip Code
Is Damaged Property:	Rented	Owned		
Is Applicant Participating in the Homeowner Assistance Program?	Yes	No		
If YES, which program?	Reimbursement	Acquisition		
If YES, what is your application ID number?				
Is Applicant Participating in the Single Family Affordable Housing Program?	Yes	No		
If YES, what is the current status of the application?				
Was the damaged property listed above your primary residence as of August 25, 2017?	Yes	No		
Can you show full disposal of this damaged property?	Yes	No		
Has the damaged property been demolished?	Yes	No		
Do you have a mortgage on this property?	Yes	No		
Do you have a deed on the damaged property?	Yes	No		
If YES, provide information below for all parties listed on the deed (including any entity, for example, a Trust):				
What type of structure is this property?	Single-Detached	Multi-Unit	Manufactured Housing Unit	
	Modular-detached	Townhouse	Condo	Other
If you are seeking assistance for a manufactured housing unit, do you own the land?	Yes	No		





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7. OTHER ASSISTANCE RECEIVED AND EXPENDITURES

DOES NOT APPLY

If your primary residence was damaged or demolished due to Hurricane Harvey, please complete a HbAP Insurance, Benefits, and Expenditures Certificate (Form C). Mark Does Not Apply if you are a first-time homebuyer.

8. INCOME CERTIFICATION INFORMATION

Please submit all requested supporting documentation.

9. APPLICANT RELEASE AND CERTIFICATION

- I/We authorize the City of Houston/HCDD to use photographs of my/our property in City of Houston and HCDD affiliate promotional materials. I/We also understand that I/we may opt out or in of this photograph release in writing at any time. Please confirm that you agree or disagree with these statements:
☐ I Agree ☐ I Disagree
- I/We authorize the City of Houston and any of its duly authorized representatives to verify all information provided on this application, including obtaining information about me/us, my/our household, and its members, that is pertinent to determining my/our eligibility for participation in the City of Houston's Homebuyer Assistance Program (HbAP).
- I/We understand the following inquiries may be made to obtain third party information to any of the following:
 - Disaster Assistance (FEMA, SBA, Insurance, etc.);
 - Income (all sources)
 - Assets (all sources)
 - Tri-merged Credit Report
 - Child Support Payment Verification
 - Student Enrollment status
- I/We acknowledge and understand that:
 - A photocopy of this form is as valid as the original;
 - I/We have the right to review and receive information received using this Release;
 - All adult household members will sign this form and cooperate with the City in this process;
 - Documents submitted may become electronically permanent

CERTIFICATION

- I/We certify that I/we are the owner of the home located at the above-referenced address.
- As the Applicant/Co-Applicant, I/we acknowledge responsibility for completing and returning all required documentation to the Homebuyer Assistance Program (HbAP) within the time period stated on the application materials. If I/we fail to provide these documents in a timely manner, or if I/we fail to respond to any inquiries made by the Homebuyer Assistance Program (HbAP) regarding my/our application for assistance, I/we may be disqualified from participating in this program and receiving benefits, or I/we may have to reapply and, consequently, my/our original submission date is no longer effective.
- I/We understand there is a limitation of funding for the Program, and even if I/we are determined eligible for assistance, this does not mean an award is guaranteed.
- I/We understand I/we may be responsible for obtaining and maintaining hazard insurance, flood and/or windstorm insurance, if applicable, following the completion of assistance as required by law.
- I/We understand that providing false statements or information is grounds for ineligibility and termination of housing assistance and is punishable under federal law.
- I/We certify that, to the best of my/our knowledge, all required documents and materials I/we have completed and submitted for my/our application for assistance are true and correct.

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/ We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.

Applicant – Printed Name	Applicant – Signature	Date
Co-Applicant – Printed Name (If Applicable)	Co-Applicant – Signature (If Applicable)	Date

